

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90089 023 \*\*\*\*61.25

**DOCUMENT # N03000008454**



**1. Entity Name**

IGLESIA DE DIOS RIOS DE AGUA VIVA IN MIAMI, INC.

**Principal Place of Business**

1500 NW 29 ST  
MIAMI FL 33142

**Mailing Address**

1500 NW 29 ST  
MIAMI FL 33142

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

**4. FEI Number**

57-1189141

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HOYOS, JORGE  
229 SW 103 CT  
MIAMI FL 33174

Name **JORGE HOYOS**

Street Address (P.O. Box Number is Not Acceptable)

**3508 CLEVELAND STREET**

City **HOLLYWOOD**

FL

Zip Code

**33021**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DP                    | <input type="checkbox"/> Delete |
| NAME           | HOYOS, JORGE          |                                 |
| STREET ADDRESS | 229 SW 103 CT         |                                 |
| CITY-ST-ZIP    | MIAMI FL 33174        |                                 |
| TITLE          | DS                    | <input type="checkbox"/> Delete |
| NAME           | BAQUEDANO, OSCAR      |                                 |
| STREET ADDRESS | 11539 SW 5 ST         |                                 |
| CITY-ST-ZIP    | MIAMI FL 33174        |                                 |
| TITLE          | DT                    | <input type="checkbox"/> Delete |
| NAME           | NUTTER, BILLY         |                                 |
| STREET ADDRESS | 220 2 62 ST           |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33012      |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BURGOS, TADEO TRUSTEE |                                 |
| STREET ADDRESS | 1530 NW 29 ST         |                                 |
| CITY-ST-ZIP    | MIAMI FL 33142        |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Jorge A Hoyos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/20/05*  
Date

Daytime Phone #